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DAVID M CHADBOURNEMD WILBRAHAM MA 01095 SIGNED DATE 11/23/01 PINN GRPS CAPPROVED BY ANA COUNCIL ON MEDICAL SERVICE SIGNS ON FEASE PRINT OF TYPE FORM HCFA-1500 (12-90)				i .		ਦਮ 0	r W	ΝË	
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	SIGNED DATE 11/23/01			PINE		<u>l</u> G	RPI		
	(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)	PLEASE PRINT	OR TYPE						

·	PROVIDER	HERITAGE IN F: M11346 F f:12520013		MPANY	11/09/01		ROLOGY GR	DUP OF WES	100000216 STER			MEDICARE REMITTANCE NOTICE	
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Employee 04-3249509 51943

REDACTED

10/01/2001 Date Issued

Amount Paid:

S266.78

REDACTED

SPRINGFIELD, MA 01101

File Copy

This is not a Check

SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Claim No. 1556382

Goodlettsville, TN 37070-1449 Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. 0078924

Explanation of Benefits

SMW+ Program

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						18.2
08/03/2001	08/03/2001	\$1,410.00	\$0.00	\$266.78	\$266.78	\$266.78

Comments:

Provider: Participant SSN: PIONEER VALLEY UROLOGY PC

PIONEER VALLEY UROLOGY PC 2 MEDICAL CTR DR **STE 308** SPRINGFIELD, MA 01107

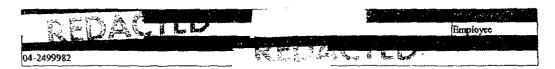
Southern Benefit

CLV Claim Number: 1556382

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10/12/2001 Date Issued

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Amount Paid:

AGAUAM, MA 01001

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SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Claim No. 1571547

Goodlettsville, TN 37070-1449 Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. 0094183

Explanation of Benefits

SMW+ Program

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07/13/2001	07/13/2001	\$1,517.00	\$0.00	\$285.60	\$285.60	\$285.60

Comments:

Provider:

UROLOGY GRP OF WESTERN NEW

Participant SSN:

CDP Claim Number: 1571547

UROLOGY GRP OF WESTERN NEW **ENGLAND PC PO BOX 489** WILBRAHAM, MA 01095

Southern Benefit Administrators, Inc. REDACTED

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	SERY DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COTHS GRP	/RC-ANT	PROV PD
NAM J08 569 J08 569 J08 569 J08 569 PT RESP	0705 07050 0705 07050 0705 07050 0705 07050 76.39	1 11	1 51720 1 J9031 1 96400 1 81000 CLAIM	TOTALS	510.00 170.00 25.00 17.00 722.00	209, 66 166,49 5,81 4,37 386,33	0.00 0.00 0.00 0.00 0.00	41.93 CO-42 33.30 CO-42 1.16 CO-42 0.00 CO-42 76.39	300.34 3.51 19,19 12,63 335.67	167.73 133.19 4.65 4.37 309.94 309.94 NET
HAN J08570 J08570 PT RESP CLAIM INFO	0/13 0/130 0713 07130 4.25 DRMATION FOR	1 11	1 99211 1 81000 CLAIM : JOHN H	TOTALS ANCOCK	39.00 17.00 56.00	21.31 4.37 25.68	0.00 0.00 0.00	4.26.C0-42 0.00 E0-42 4.26	17.69 12.63 30,32	17.05 4.37 21.42 21.42 MET
NAME NS1765 PT RESP	0713 07130 39.34	111	I 52000 CLAIN	TOTALS	250.00 280.00	196.71 196.71	0.00	39.34 CO-42 39.34	83.29 83.29	157.37 157.37 157.37 RET
MAME A21478 A21478 PT RESP CLAIM INFO	0619 05190 0619 06190 156.93 ORMATION FOR	1 11 5	1 51720 0 J9214 CLAIM 0: BC/BS	TOTALS OF MASS	510.00 750.00 1260.00	209.66 575.00 784.66	0.00 0.00 0.00 0.00	41.93 CO-42 115.00 CO-42 156.93	300.34 175.00 475.34	167,73 460.00 627,73 627,73 NET
MAME J08569 J08569 J08569 J08569 PT RESP	0709 07090 0709 07090 0709 07090 0709 07090 76.39	1 11 1 11	1 51720 1 J9031 1 96400 1 81000 CLAIM	TOTALS	510.00 170.00 25.00 17.00 722.00	209.66 166.49 5.81 4.37 386.33	0.00 0.00 0.00 0.00 0.00	41.93 C0-42 33.30 C0-42 1.16 C0-42 0.00 C0-42 76.39	300.34 3.51 19.19 12.63 335.67	#A01 MA18 167.73 133.19 4.65 4.37 309.94 309.94 RET
MAME #51765 #51765 PT RESP	0713 07130 0713 07130 10.62		1 99213 1 81009 CLAIM	TOTALS	75.00 17.00 92.00	53.10 4.37 57.47	0.00 0.00 0.00	10.62 CO-42 0.00 CO-42 10.62	21.90 12.63 34.53	42.48 4.37 46.85 46.88 NET
NAME JO8569 PT RESP	0713-0713 0.00	1 11 1 pm (196		TOTALS	17.00 17.00	4.37 4.37	0.00 0.00	0.00 C0-42 0.00	12.63 12.63	4.37 4.37 4.37 NET
	0715 07130 0713 07130 0713 07130 0713 07130 0713 07130		1 99214 3 J9202 1 96400 1 81000 CLAIM	25	1350,000 1350,000 25,00 17,00 1517,00	2.75 1339.47 5.81 4.37 1432.40	IC# 020 0.00 0.00 0.00 0.00 0.00	01204537180 AS6 15.55 CO-42 267.89 CO-42 1.16 CO-42 0.00 CO-42 285.60	Y MOA 42.25 10.53 19.19 12.63 84.69	1071.58 4.65 4.57 1146.80 1146.80 NET
RAME J08570 J08570 REM: M25 J08570 J08570 PT RESP CLAIN INF	0613 06136 0613 06136 0613 06136 0613 06136 30.46 06NATION FO) 11) 11) 11	1 51720 50 J9214 1 J9031 1 81000 CLAIM 0: BC/BS	TOTALS OF MASS	510.00 750.00 170.00 17.00 1447.00	0,00 0.00 152.29 4.37 156.66	0.00 0.00 0.00 0.00	0.00 CO-B15 0.00 CO-50 30.46 CO-42 0.00 CO-42 30.46	510,00 750,00 (17,7) 12:63 1290,34	9.00 0.00 121.83 4.37 126.20 MET
HANE 4011 A21478 A21478 A21478 PT RESP	0716 0716 0716 0716 0716 0716 0716 0716 77.97		1 51726 1 51797 1 60002 CLÄIN	51	375.00 520.00 130.00 1025.00	219.56 108.36 61.95 389.87	0.00	43.91 C0-42 21.67 C0-42 C0-59 12.39 C0-42 C0-59	155.44 393.28 108.36 6.11 61.94 635.13	1/5.55 86.69 49.56 311.90 311.90 NET
PT RESP	ALL, DOMALD 0713 0713 7.59 ORMATION FO		HIC 0211 1 99212 CLAIM 0: AETNA	TOTALS	ACRT 0266860 55.00 55.00	37.94 37.94	0.00	01204537130 ASI 7.59 C0-42 7.59	7 MOA 17.06 17.06	MA01 MA18 30.35 30.35 30.35 NET

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NATIONAL HERITAGE INSURANCE COMPANY PROVIDER #: M16033 CHECK/EFT #:126637328 05/30/03					i3	PIONEER VA PAGE #: 8	126637320 LLEY URO OF 10	,	MEDICARE REMITTANCE MOTICE	
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130989 130989 130989 PT RESP	0513 0513 0513 0513 0513 0513 271.23	03 11	1 99212 3 J9202 1 96400 CLAIM	TOTALS	40.00 1275.00 55.00 1370.00	38.89 1275.00 42.23 1356.12	0.00	7.78 CO-42 255.00 8.45 CO-42 271.23		31.11 1020.08 33.78 1084.89 1084.89 NET
vesses 05335 105335	0515 0515 0515 0515	03 11	1 99212 1 52000 1 A4550	25	40.00 300.00 80.00	267.94	0.08 0.00 0.00	7.78 CG-42 53.59 CG-42 0.00 CG-81	1.11 32.06 5 80.00	31-11 214.35 0.00
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Z RESP	U513 0513 7.78			TOTALS	40.00	38.89/	0.00	7.78 CO-42 7.78	1.11	31.11 31.11 31.11 MET
IARO IPO166 IPO166 IX IPO166 IV IPO166 IV	0514, 0514 0514, 0514 0514, 0514 0614, 0914 271, 43	103 A1 103 41 103 11	1 99213 3 99202 3 98400 1 81000 CLAIN	TOTALS	ACRT 51943 60.40 1275.40 55.40 20.40 1410.40	46.25 1275/00 35/90 4.43	D0.0	0203139285836 9.25 C0-42 255.00 7.18 C0-42 0.00 C0-42 271.43	13.75 19.10	MAO1 MAI9 37.00 1020.00 28.72 4.43 1090.15 1090.15 RET
151018 151618 1 RESP	0514 0514 0514 0514 12.17	03 11 03 11	1 99212 1 51798 CLAIM	TOTALS	100.00 140.00	38.89 21.95 60.84	0.00 0.09 0.00	7:78 CO-4 4,39 CO-4 12.17	78.05 79.16	31.11 17.56 48.67 48.67 NET
105335 T RESP	0512 0512 10.88	203 11	1 81000 CLAIM	TOTALS	60.00 20.00 80.00	54.41 4.43 58.84		0.00 C0-4 10.88	15.57 21.16	43.53 4.43 V 47.96 47.96 BE
POIDO POIGG T RESP CLAIM INFO	0512 0512 0512 0512 9.25 PRMATION FO		1 99213 1 81000 CLAIM TO: BC/BS	TOTALS OF MASS	60.00 20.00 80.00	4.43	0.00	9.25 CO-4 0.00 CO-4 9.25		37.00 4.43 41.43 41.43 HE
)05335)05335)05335	0515 051: 0515 051: 0515 051:	503 11	1 99212 1 52000 1 A4550	25	40-0 300.0 80.0	267.94	9.00	7.78 CO-4 53.59 CO-4 0.00 CO-8	2 32.06	31.11 214.35 0.00 V
EM: M80 905335 T RESP . CLAIN INFO	0515 051: 61.37 RMATION F	•	1 81000 CLAIN TO: BC/BS	TOTALS OF MASS	20.04 440.00			0.00 CO-4 61.37	2 15.57 128.74	4.43 249.89 249.89 KE
20018 FT RESP	0.00	202 11	1 87184 CLAIM	TOTALS	25.00 25.00			0.00 CO-4 0.00	15.37	9.53 9.53 9.63 NE
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